

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10/506361

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other *Claims*

\$

**REFUND COMPLETED  
PCT NATIONAL DIVISION**

*290*

7 TOTAL AMOUNT  
OF REFUND

\$

*290*

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 

1	1	--	1	4	1	0
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10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

**REFUND COMPLETED  
PCT NATIONAL DIVISION**

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: *Jeffrey*

TITLE: *President*

SIGNATURE: *[Signature]*

PHONE: *308-5140*

OFFICE: *[Signature]*

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*